



Maintenance of Traffic Proposal/Work Zone Permit (M.O.T.)

Department of Planning & Development Services
300 North Park Avenue, Sanford, Florida 32771
Phone: 407.688.5140 Fax: 407.688.5141

Project Information:

Project name: _____

Project address: _____

Posted speed limit: _____ Clear zone: _____ From edge of pavement

M.O.T. Index #: (per F.D.O.T. Design Standards – Attach additional sheet if needed) _____

Name of person responsible for M.O.T.: _____

24 hour phone number: _____ Fax: _____

Location of construction: _____

Date of construction: _____ Duration of construction: _____



This application is submitted by:

Applicant/Agent:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Submittals: The following information shall be provided by applicants for all City permits: Clear description of the proposed work, a drawing depicting the location of the work, special conditions and M.O.T. plan.

Initial:

_____ An approved M.O.T. plan must remain on the job site at all times. At no time is the M.O.T. to be less than F.D.O.T. standards.

_____ Cover, lie down, or remove construction signs when no construction is occurring (at the end of each work day).

_____ Any open pits, drop-offs over three inches, or slopes exceeding 4:1 shall be protected by barrier meeting F.D.O.T. criteria or made safe prior to leaving the construction area at the end of each day. Barricades or fencing are not acceptable. NO EXCEPTIONS.

_____ Any above ground hazard over four inches shall be protected by barrier or moved out of clear zone. This includes construction equipment and material.

Official Use Only

Application No: _____ Fee: _____ Date: _____

Lane closures are restricted between the hours of _____ and _____ including M.O.T. setup.

Lane closures shall be reopened to school traffic from _____ to _____.

This request is valid from _____ to _____. If the project extends beyond the end date, approval of an extension is required. Please resubmit 48 hours prior to expiration.

Approved by: _____ Date: _____

*** M.O.T is subject to change when conditions warrant. ***